Complete Summary

GUIDELINE TITLE

Fibromyalgia.

BIBLIOGRAPHIC SOURCE(S)

Fibromyalgia. Philadelphia (PA): Intracorp; 2004. Various p.

GUIDELINE STATUS

This is the current release of the guideline.

All Intracorp guidelines are reviewed annually and updated as necessary, but no less frequently than every 2 years. This guideline is effective from January 1, 2004 to January 1, 2006.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Fibromyalgia

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Chiropractic
Family Practice
Internal Medicine
Rheumatology

INTENDED USERS

Allied Health Personnel
Health Care Providers
Health Plans
Hospitals
Managed Care Organizations
Utilization Management

GUIDELINE OBJECTIVE(S)

To present recommendations for the diagnosis, treatment, and management of fibromyalgia that will assist medical management leaders to make appropriate benefit coverage determinations

TARGET POPULATION

Individuals with fibromyalgia

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis/Evaluation

1. Physical examination and assessment of signs and symptoms
2. Diagnostic tests
    - Erythrocyte sedimentation rate (ESR)
    - Thyroid stimulating hormone level (TSH)

Treatment/Management

1. Medication
    - Antidepressants and muscle relaxants
    - Acetaminophen with tramadol (Ultracet)
    - Aspirin, Advil, Motrin
    - Amitriptyline, cyclobenzaprine
    - Local anesthetic injection
2. Heat to tender areas and gentle massage
3. Gradual exercise program
4. Education and support
5. Specialist consultation
6. Psychotherapy
7. Manipulation and acupuncture

Note: Narcotics and corticosteroids are not recommended

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Searches were performed of the following resources: reviews by independent medical technology assessment vendors (such as the Cochrane Library, HAYES); PubMed; MD Consult; the Centers for Disease Control and Prevention (CDC); the U.S. Food and Drug Administration (FDA); professional society position statements and recommended guidelines; peer reviewed medical and technology publications and journals; medical journals by specialty; National Library of Medicine; Agency for Healthcare Research and Quality; Centers for Medicare and Medicaid Services; and Federal and State Jurisdictional mandates.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Not Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not stated

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Delphi)

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

A draft Clinical Resource Tool (CRT or guideline) is prepared by a primary researcher and presented to the Medical Technology Assessment Committee.

The Medical Technology Assessment Committee is the governing body for the assessment of emerging and evolving technology. The Committee is comprised of a Medical Technology Assessment Medical Director, the Benefit and Coverage Medical Director, CIGNA Pharmacy, physicians from across the enterprise, the Clinical Resource Unit staff, Legal Department, Operations, and Quality.

Revisions are suggested and considered. A vote is taken for acceptance or denial of the CRT.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Diagnostic Confirmation

Subjective Findings

- Criteria for the diagnosis of fibromyalgia require that 5 of the 8 subjective findings and all of the objective findings be met:
    - Sleep disturbance
    - Fatigue
    - Morning stiffness
    - Headaches
    - Swelling or numbness of upper and lower extremities
    - Raynaud's-like symptoms (entire hand turning pale or red)
    - Irritable bowel
    - Bladder spasms
    - Multifocal pain

Objective Findings

- Severe, aching pain of at least 3 months duration that is above and below the waist and on both left and right sides of the body
- Pain in 11 of 18 tender point sites on digital palpation (see figure in the original guideline document)
    - Bilateral occiput at muscle insertions
    - Low cervical (C5-C7)
    - Trapezius (bilateral) at upper border
    - Supraspinatus bilateral
    - 2nd rib bilateral at costochondral junction
    - Bilateral lateral epicondyle
    - Gluteal bilateral
    - Greater trochanter bilateral
    - Bilateral knee (medially)

Diagnostic Tests

- Thorough physical exam
- Laboratory tests: Erythrocyte sedimentation rate (ESR), thyroid stimulating hormone level (TSH) to rule out potential differential diagnoses

Differential Diagnosis

- Most common other conditions:
    - Polymyalgia rheumatica
    - Hypothyroidism
    - Osteoarthritis (see the Intracorp Arthritis guidelines)
    - Prodromal phase of a connective tissue disease
    - Sjogren's syndrome
    - Bursitis/tendinitis
- Least common other conditions:
    - Osteopenia/osteomalacia (see the Intracorp guideline Avascular Necrosis)
    - Metabolic myopathy
    - Acromegaly
    - Hyperparathyroidism
    - Parkinson´s disease
    - Lupus

Treatment Options

- ALWAYS RECOMMENDED
    - Exercise program – gradual
    - Education
    - Support
- RECOMMENDED
    - Low-dose antidepressants, muscle relaxants
    - Acetaminophen in combination with tramadol (Ultracet)
    - Analgesics (aspirin) or modest doses of nonsteroidal anti-inflammatory drugs (NSAID) (e.g., Advil, Motrin)
    - Heat to the tender areas and gentle massage

- FAILURE TO PROGRESS
  - Consultation with psychiatrist, physiatrist, psychopharmacologist, sleep laboratory
  - Medication to improve sleep: amitriptyline, cyclobenzaprine
  - Injections of local anesthetic
  - Intensive pain management
  - Psychotherapy
  - Manipulation
  - Acupuncture
- TREATMENTS NOT RECOMMENDED
  - Narcotics
  - Corticosteroids

Duration of Medical Treatment

- Medical - optimal: 28 days; maximal: 360 days

Additional provider information regarding primary care visit schedules, referral options, frequency and duration of specialty care, physical therapy, and chiropractic treatment is provided in the original guideline document.

The original guideline document also provides a list of red flags that may affect disability duration, and return to work goals, including

- Resolving pain and stiffness
- Resolving sleep disturbances
- Resolving fatigue
- Resolving bowel and bladder symptoms

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

To date there are no randomized controlled trials on which to base any diagnostic and treatment guidelines. Therefore, recommendations in this guideline are derived from a synthesis of the literature and consensus of opinion among experts and practicing clinicians.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate diagnosis, treatment, and management of fibromyalgia that assist medical management leaders in making appropriate benefit coverage determinations

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

To date, there are no randomized controlled trials on which to base any diagnostic and treatment guidelines.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Fibromyalgia. Philadelphia (PA): Intracorp; 2004. Various p.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1997 (revised 2004)

GUIDELINE DEVELOPER(S)

Intracorp - Public For Profit Organization

SOURCE(S) OF FUNDING

Intracorp

GUIDELINE COMMITTEE

CIGNA Clinical Resources Unit (CRU)
Medical Technology Assessment Committee (MTAC)

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Voting Committee Members: James Rollins, MD, Medical Director of the Technology Assessment Committee; Razia Hashmi, MD, VP Coverage and Policy and Medical Director of the Clinical Resource Unit (CRU); Janet Mauer, MD, Medical Director of the LIFESOURCE Transplant Unit; Jim Small, MD, Medical Director of Intracorp Disability; Christina Stasiuk, DO, Associate Medical Director, Intracorp; Andrea Gelzer, MD, Senior Medical Director, Tri-State; Nicholas Gettas, MD, Senior Medical Executive, Atlantic UB; Steve Halpern, MD,CIGNA Appeals; Robert Hoover, MD, Medical Operations Review Director; Karen Lachaux, RPh, Director, Drug Policy; John Poniatowski, RPh, AVP CIGNA Pharmacy; John Rausch, MD, Associate Medical Director; Douglas Nemecek, MD, AVP of CIGNA Behavioral Health

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Intracorp guidelines are available for a licensing fee via a password protected, secure Web site at www.intracorp.com.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Policies and procedures. Medical Technology Assessment Committee Review Process. Philadelphia (PA): Intracorp; 2004. 4 p.

Print copies: Available from Intracorp, 523 Plymouth Road, Plymouth Meeting, PA, 19462; Phone: (610) 834-0160

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on November 24, 2004. The information was verified by the guideline developer on December 8, 2004.

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